

ORI: MI-82349

STATE OF MICHIGAN

Traffic Crash Report

Incident #

File Class

Incident Disposition

Reviewer

 Open Closed

Department Name

DETROIT POLICE DEPARTMENT

Date				Time				Location				No. of Units		Crash Type		Special Circumstances		Weather (Mark Only One)		Light (Mark Only One)		Special Checks	
①	①	①	①	①	①	①	①	①	①	①	①	○ 1	① Single Motor Vehicle	① None	① Clear	① Daylight	<input type="radio"/> Fatal (Report All)						
②	②	②	②	②	②	②	②	②	②	②	②	○ 2	② Head On	② Deer	② Cloudy	② Dawn	<input type="radio"/> Corrected Copy						
③	③	③	③	③	③	③	③	③	③	③	③	○ 3	③ Head On-Left Turn	③ School Bus	③ Fog/Smoke	③ Dusk	<input type="radio"/> Replace (Entire Report)						
④	④	④	④	④	④	④	④	④	④	④	④	○ 4	④ Angle	④ Hit and Run	④ Rain		<input type="radio"/> Delete (Entire Report)						
⑤	⑤	⑤	⑤	⑤	⑤	⑤	⑤	⑤	⑤	⑤	⑤	○ 5	⑤ Rear End	⑤ Fleeing Police	⑤ Snow/Blowing Snow	④ Dark-Lighted	<input type="radio"/> Non-Traffic Area						
⑥	⑥	⑥	⑥	⑥	⑥	⑥	⑥	⑥	⑥	⑥	⑥	○ 6	⑥ Rear End-Left Turn		⑤ Dark-Unlighted	<input type="radio"/> ORV/ Snowmobile							
⑦	⑦	⑦	⑦	⑦	⑦	⑦	⑦	⑦	⑦	⑦	⑦	○ 7	⑦ Rear End-Right Turn	Special Study		⑥ Severe Wind							
⑧	⑧	⑧	⑧	⑧	⑧	⑧	⑧	⑧	⑧	⑧	⑧	○ 8	⑧ Sideswipe-Same	① Local	⑦ Sleet/Hail	⑥ Other/Unknown							
⑨	⑨	⑨	⑨	⑨	⑨	⑨	⑨	⑨	⑨	⑨	⑨	○ 9	⑨ Sideswipe-Opposite	② State	⑧ Other/Unknown								
													⑩ Other/Unknown										

County	City/Twp	Traffic Control	Construction Zone (if applicable) (Mark One From Each Group)			Relation to Roadway	Area	Road Condition (Mark Only One)	Total Lanes	Speed Limit
82	99	① Signal	Type	Lane Closed	Activity	(Location of First Impact)	① Dry ② Wet ③ Icy ④ Snowy ⑤ Muddy ⑥ Slushy ⑦ Debris ⑧ Other/Unknown	① 0 ② 1 ③ 2 ④ 3 ⑤ 4 ⑥ 5 ⑦ 6 ⑧ 7 ⑨ 8 ⑩ 9	① 0 ② 1 ③ 2 ④ 3 ⑤ 4 ⑥ 5 ⑦ 6 ⑧ 7 ⑨ 8 ⑩ 9	
① ①	① ①	③ Stop Sign	① Const./Maint.	① Yes	① On Road					
① ②	① ②	③ Yield Sign	② Utility	② No	② Off Road					
① ③	① ③	④ None of These			③ None					
② ①	② ①	Road Name	Divided Roadway N S E W			① On Road	② ②	③ 3	④ 3	
② ②	② ②	Distance <input type="checkbox"/> FT <input type="checkbox"/> MI	<input type="checkbox"/> North <input type="checkbox"/> South	<input type="checkbox"/> East <input type="checkbox"/> West	<input type="checkbox"/> Beginning of Ramp <input type="checkbox"/> End of Ramp	② Median	③ ③	④ 4	⑤ 4	
② ③	② ③					③ Shoulder	④ ④	⑤ 5	⑥ 5	
② ④	② ④	Intersecting Road	Divided Roadway N S E W	⑤ Gore	⑥ Other/Unknown	④ Outside of Shoulder/Curb	⑤ ⑤	⑥ 6	⑦ 6	
② ⑤	② ⑤					⑦ ⑦	⑧ 8	⑨ 9		
③ ①	③ ①	Trafficway ① ② ③ ④	Access Control ① ② ③	⑧ ⑧	⑨ ⑨	⑧ Other/Unknown	⑧ ⑧	⑨ 9	⑩ 10	
③ ②	③ ②					⑩ ⑩	⑩ 10	⑩ 10		

Unit Number		State	Driver License Number		Date of Birth			License Type		Sex	Hazard Action
1	2	3	4	5	Month	Day	Year	O	CY	M	
6	7	8	9	10	11	12	13	14	15	16	17
1	2	3	4	5	6	7	8	9	10	11	12
13	14	15	16	17	18	19	20	21	22	23	24
25	26	27	28	29	30	31	32	33	34	35	36
37	38	39	40	41	42	43	44	45	46	47	48
49	50	51	52	53	54	55	56	57	58	59	60
61	62	63	64	65	66	67	68	69	70	71	72
73	74	75	76	77	78	79	80	81	82	83	84
85	86	87	88	89	90	91	92	93	94	95	96
97	98	99	100	101	102	103	104	105	106	107	108
109	110	111	112	113	114	115	116	117	118	119	120
121	122	123	124	125	126	127	128	129	130	131	132
133	134	135	136	137	138	139	140	141	142	143	144
145	146	147	148	149	150	151	152	153	154	155	156
157	158	159	160	161	162	163	164	165	166	167	168
169	170	171	172	173	174	175	176	177	178	179	180
181	182	183	184	185	186	187	188	189	190	191	192
193	194	195	196	197	198	199	200	201	202	203	204
205	206	207	208	209	210	211	212	213	214	215	216
217	218	219	220	221	222	223	224	225	226	227	228
229	230	231	232	233	234	235	236	237	238	239	240
241	242	243	244	245	246	247	248	249	250	251	252
253	254	255	256	257	258	259	260	261	262	263	264
265	266	267	268	269	270	271	272	273	274	275	276
277	278	279	280	281	282	283	284	285	286	287	288
289	290	291	292	293	294	295	296	297	298	299	300
301	302	303	304	305	306	307	308	309	310	311	312
313	314	315	316	317	318	319	320	321	322	323	324
325	326	327	328	329	330	331	332	333	334	335	336
337	338	339	340	341	342	343	344	345	346	347	348
349	350	351	352	353	354	355	356	357	358	359	360
361	362	363	364	365	366	367	368	369	370	371	372
373	374	375	376	377	378	379	380	381	382	383	384
385	386	387	388	389	390	391	392	393	394	395	396
397	398	399	400	401	402	403	404	405	406	407	408
409	410	411	412	413	414	415	416	417	418	419	420
421	422	423	424	425	426	427	428	429	430	431	432
433	434	435	436	437	438	439	440	441	442	443	444
445	446	447	448	449	450	451	452	453	454	455	456

First Name			Middle			Last			Date of Birth			Sex		Ejected		
Street Address			Phone Number			Month		Day		Year		Injury		Trapped		
City			State			Zip			Pos.		Rest.		Ambulance/Hospital		Airbag Deployed	
First Name			Middle			Last			Date of Birth			Sex		Ejected		
Street Address			Phone Number			Month		Day		Year		Injury		Trapped		
City			State			Zip			Pos.		Rest.		Ambulance/Hospital		Airbag Deployed	

<input type="radio"/> Owner <input type="radio"/> Uninjured Passenger	<input type="radio"/> Witness <input type="radio"/> Owner <input type="radio"/> Uninjured Passenger	Name		Address		Phone Number	Age	Pos.	Rest.
		Name		Address		Phone Number	Age	Pos.	Rest.
Person Advised of Damaged Traffic Control	Date	Time	Name	Damaged Property			Public <input type="radio"/> Y <input type="radio"/> N	Owner & Phone	

Do Not Write or Mark In This Area

UD-10 SERIAL NUMBER

Serial Override Number

0538404

Do Not Write or Mark Below This Line

Do Not Write or Mark Below This Line

ARREST NAME

CHARGE

CT FILE NO.

CT DATE _____

Do Not Write or Mark On This Side of The Line Do Not Write or Mark On This Side of The Line

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ROTARY MULTIFORMS INC. (616) 942-2574

Forward Original To: Michigan Department of State Police, Document Processing Unit, 7150 Harris Drive, Lansing, MI 48913

Unit Number 1 2 3 4 5	State	Driver License Number		Date of Birth Month Day Year			License Type O O CY C C F M O R	Sex O M O F	Hazard Action 1 2 3 4 5 6 7 8 9
	First Name		Middle	Last	Position	Restraint	Ambulance/Hospital		
	Street Address		Phone Number		Injury O K O A O B O C O O		Ejected Trapped O Yes O Yes O Yes O Yes O Yes	Citation Issued 1 Hazardous 2 Other	
	City		State	Zip	Airbag Deployed 1 Yes 2 No 3 Not Equipped				
	Unit Type O MV O B O E (train)		Driver Condition 1 2 3 4 5 6 7 8 9 99						

Interlock O Yes O No	Alcohol O Yes O No	Test Type: O Field O PBT O Breath O Blood O Urine	Test Results
Drugs O Yes O No	Test Type: O Blood O Urine	Test Results	

Vehicle Registration	State	VIN	Vehicle Description (year, make, color)		Total Occup 1 2 3 4 5 6 7 8 9
Insurance	Towed To/By		Vehicle Direction O North O East O South O West	Special Vehicles 1 2 3 4 5 6	
Location of Greatest Damage 0 1 2 3 4 5 6 7 8 9 10 11 12		Vehicle Type O PA O VA O PU O ST O CY O MO O GC O SM O OR O Other O Truck/Bus (Complete Truck/Bus Section)	Vehicle Use 1 2 3 4 5 6 7 8 9 10 11	Vehicle Defect 1 2 3 4 5 6	
First Impact	Extent of Vehicle Damage 0 1 2 3 4 5 6 7	Driveable O Yes O No	Private Trailer Type 1 2 3 4 5 6 7		

First Name		Middle	Last	Date of Birth Month Day Year			Sex O M O F	Ejected Trapped O Yes O Yes
Street Address		Phone Number		Injury O K O B O A O C			Airbag Deployed 1 Yes 2 No 3 Not Equipped	
City		State	Zip	Pos.	Rest.	Ambulance/Hospital		
First Name		Middle	Last	Date of Birth Month Day Year			Sex O M O F	Ejected Trapped O Yes O Yes
Street Address		Phone Number		Injury O K O B O A O C			Airbag Deployed 1 Yes 2 No 3 Not Equipped	
City		State	Zip	Pos.	Rest.	Ambulance/Hospital		

<input type="checkbox"/> Owner <input type="checkbox"/> Uninjured Passenger	<input type="checkbox"/> Witness <input type="checkbox"/> Uninjured Passenger	Name	Address	Phone Number	Age	Pos.	Rest.
<input type="checkbox"/> Owner <input type="checkbox"/> Uninjured Passenger	<input type="checkbox"/> Witness <input type="checkbox"/> Uninjured Passenger	Name	Address	Phone Number	Age	Pos.	Rest.

Unit Reported on Front				
Action Prior	Sequence of Events			
	First	Second	Third	Fourth
0 0	0 0	0 0	0 0	0 0
1 1	1 1	1 1	1 1	1 1
2 2	2 2	2 2	2 2	2 2
3 3	3 3	3 3	3 3	3 3
4 4	4 4	4 4	4 4	4 4
5 5	5 5	5 5	5 5	5 5
6 6	6 6	6 6	6 6	6 6
7 7	7 7	7 7	7 7	7 7
8 8	8 8	8 8	8 8	8 8
9 9	9 9	9 9	9 9	9 9
Most Harmful: M M M M				

Unit Reported Above				
Action Prior	Sequence of Events			
	First	Second	Third	Fourth
0 0	0 0	0 0	0 0	0 0
1 1	1 1	1 1	1 1	1 1
2 2	2 2	2 2	2 2	2 2
3 3	3 3	3 3	3 3	3 3
4 4	4 4	4 4	4 4	4 4
5 5	5 5	5 5	5 5	5 5
6 6	6 6	6 6	6 6	6 6
7 7	7 7	7 7	7 7	7 7
8 8	8 8	8 8	8 8	8 8
9 9	9 9	9 9	9 9	9 9
Most Harmful: M M M M				

Crash Diagram and Remarks	North	
OFFICER IN CHARGE		BADGE NO.
Photos By		Investigator Name(s) & Badge # (Print Only)

TRUCK/BUS INFORMATION	Unit No. 1 2 3 4 5 6 7 8 9								
	Carrier Name								
	Address								
	City								
	State								
	Zip								
	Carrier Source O Papers O Log Book O Vehicle O Driver			GVWR O A O B O C O T O None O X			Vehicle Type O AA O AH O AN O AP O AT O AX O AY O AZ O AL O BB O BH O BN O BP O BX O CH O CP O CX O Other		
	ICCMC			Driver's CDL Type O A O B O C O T O None O X			CDL Restrictions O 28 O 29 O 30 O 35 O 36		
	USDOT			CDL Exempt O Farm O Other			Medical Card O Y O N		
	MPSC O Interstate O Intra (MI Only)			Medical Card O Y O N			CDL Exempt O Farm O Other		
Type & Axles Per Unit First Second Third Fourth									
Hazardous Material Placard Cargo Spill ID # Class #									
Cargo Body Type 1 2 3 4 5 6 7 8									
UD-10 SERIAL NUMBER 0538404									
Investigated at Scene O Yes O No									
Reported Date/Time									

Do Not Write or Mark Below This Line

Do Not Write or Mark Below This Line

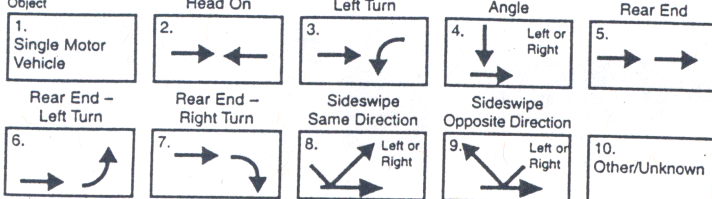
Do Not Write or Mark On This Side of The Line

STATE OF MICHIGAN TRAFFIC CRASH REPORT

Revised 11/98

Crash Type (First Impact)

Single Motor Vehicle
includes Car/Pedestrian,
Car/Bicyclist, Car/Animal,
Car/Train, Car/Fixed
Object



Special Vehicles

- | | |
|----------|---------------------------------------|
| 1 Police | 4 Ambulance |
| 2 Fire | 5 Farm equipment |
| 3 Bus | 6 Construction/
maintenance equip. |

Vehicle Defects

- | | |
|-------------------------|----------------|
| 1 Brakes | 4 Tires/wheels |
| 2 Lights/
reflectors | 5 Windows |
| 3 Steering | 6 Other |

Vehicle Use

- 1 Private
- 2 Commercial
- 3 In pursuit/on emergency
- 4 Farm
- 5 School/education
- 6 Club/church (all Y-plates)
- 7 Military
- 8 Other government
- 9 Utility (gas, cable, etc.)
- 10 Road construction/
road maintenance
- 11 Other

Area

Freeway

- 01 Entrance/exit ramp related
- 02 Median crossing related
- 03 Transition area*
- 04 Rest area related
- 05 Scale/weigh station related
- 06 All other freeway areas

Intersection

- 07 Within intersection
- 08 Driveway related (within 150 feet
of intersection)
- 09 Intersection related-other

Other Non-Freeway Areas

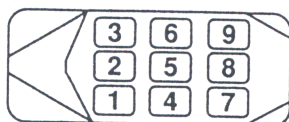
- 10 Straight roadway
Not related to other selections
- 11 Curved roadway
Not related to other selections
- 12 Driveway related
- 13 Parking related (legal roadside)
- 14 Transition area*
- 15 Median crossing related
- 16 Rail crossing related
- 17 Rest area related
- 18 Scale/weigh station related
- 19 Non-traffic area
- 20 Other
- 21 Unknown

*Increase decrease in the number of travel lanes.

Position

- B Bicyclist
P Pedestrian
E Engineer (railroad/train)

1-9 Vehicle Interior
See Representation Below



- 10 Sleeper section
- 11 Other enclosed passenger
area/cargo area
- 12 Other unenclosed passenger
area/cargo area
- 13 Riding in/on trailing unit
- 14 Riding on vehicle exterior
- 15 Unknown

Motorcycles, snowmobiles, etc. (In-line seating)

- 1 Driver
- 4 Passenger one
- 7 Passenger two

Restraint Use

- 01 No belts available
- 02 Shoulder belt only used
- 03 Lap belt only used
- 04 Shoulder & lap belt used
- 05 No belt used
- 06 Child restraint used
- 07 Child restraint not used,
not available or improper
- 08 Restraint failure
- 09 Restraint use unknown
- 10 Helmet worn
- 11 Helmet not worn
- 12 Helmet use unknown

Code of Injury

K-Fatal Injury Any injury
which results in death.

A-Incapacitating Injury
Any injury other than fatal which
prevents normal activities and
generally requires hospitalization.

B-Non-Incapacitating Injury
Any injury not incapacitating but
evident to others at the scene.

C-Possible Injury No visible
injury but complaint of pain or
momentary unconsciousness.

O-No Injury No indication of
injury.

Action Prior To Crash

Driver Action

- 01 Going straight ahead
- 02 Turning left
- 03 Turning right
- 04 Stopped on roadway
- 05 Involved in prior crash at
same location
- 06 Changing lanes
- 07 Backing
- 08 Slowing/stopping on roadway
- 09 Slowing/stopping other area
- 10 Starting up on roadway
- 11 Starting up other area
- 12 Entering parking
- 13 Leaving parking
- 14 Entering roadway
- 15 Leaving roadway
- 16 Making U-turn
- 17 Overtaking or passing
- 18 Avoiding object
- 19 Avoiding pedestrian
- 20 Avoiding vehicle (front/back)
- 21 Avoiding vehicle (angle)
- 22 Driverless moving
- 23 Parked
- 37 Avoiding animal

Pedestrian Action

- 24 Crossing at intersection
- 25 Crossing not at intersection
- 26 Getting on/off vehicle
- 27 In roadway with traffic
- 28 In roadway against traffic
- 29 Standing/lying in roadway
- 30 Pushing/working on vehicle
- 31 Other working in roadway
- 32 Playing in roadway
- 33 In roadway other reason
- 34 Not in roadway
- 35 Other
- 36 Unknown

Trafficway

- 01 Not physically divided
(2-way Trafficway)
- 02 Divided highway, median strip,
without traffic barrier
- 03 Divided highway, median strip,
with traffic barrier
- 04 One-way Trafficway

Access Control

- 01 No access control (unlimited access)
- 02 Full access control (ramp entry & exit only)
- 03 Other (partial access control)

Hazardous Action

- 00 None
- 01 Speed too fast
- 02 Speed too slow
- 03 Failed to yield
- 04 Disregard traffic control
- 05 Drove wrong way
- 06 Drove left of center
- 07 Improper passing
- 08 Improper lane use
- 09 Improper turn
- 10 Improper/no signal
- 11 Improper backing
- 12 Unable to stop in assured
clear distance
- 13 Other
- 14 Unknown
- 15 Reckless Driving
- 16 Careless/Negligent Driving

Driver Condition

- 01 Appeared normal
- 02 Had been drinking
- 03 Illegal drug use
- 04 Sick
- 05 Fatigue
- 06 Asleep
- 07 Medication
- 08 Driver Distracted
- 09 Driver Using Cellular Phone
- 99 Unknown

Unit Type

- MV Motor Vehicle
B Bicyclists (all pedalcyclists)
P Pedestrian
E Engineer (railroad/train)

Private Trailer Type

- 1 Utility
- 2 Travel trailer
- 3 Boat trailer
- 4 Farm equipment
- 5 Towed auto
- 6 Recreation double
- 7 Other

Sequence of Events/ Most Harmful Event

Non-Collision

- 01 Loss of control
- 02 Cross centerline/median
- 03 Ran off roadway-left
- 04 Ran off roadway-right
- 05 Re-enter roadway
- 06 Overturn
- 07 Separation of units
- 08 Fire/explosion
- 09 Immersion
- 10 Jackknife
- 11 Downhill runaway
- 12 Cargo loss/shift
- 13 Individual fell from vehicle
- 14 Other noncollision

Had a Collision With

Non-Fixed Objects

- 15 Pedestrian
- 16 Bicyclist
- 17 Motor vehicle in transport*
- 18 Parked motor vehicle
- 19 Engineer (railroad/train)
- 20 Animal
- 21 Other non-fixed object

Fixed Objects

- 22 Bridge/pier/abutment
- 23 Bridge parapet end
- 24 Bridge rail
- 25 Guardrail face
- 26 Guardrail end
- 27 Median barrier
- 28 Highway traffic sign post
- 29 Highway signal post
- 30 Luminaire/light support
- 31 Utility pole
- 32 Other pole
- 33 Culvert
- 34 Curb
- 35 Ditch
- 36 Embankment
- 37 Fence
- 38 Mailbox
- 39 Tree
- 40 Railroad crossing signal
- 41 Building
- 42 Traffic island
- 43 Fire hydrant
- 44 Impact attenuator
- 45 Other fixed object

*In transport means a motor vehicle
in motion or on a roadway.

Commercial Motor Vehicle Type & Commercial Driver License Endorsement

Group "A" is any vehicle that is towing a vehicle or trailer that has a gross vehicle weight rating (GVWR) over 10,000 lbs.



Vehicle Type

Code	Definition	Driver's CDL Endorsement Required
AA	= Group A vehicle	A
AH	= Group A vehicle, Hazardous	AH
AN	= Group A vehicle, Tanks	AN
AP	= Group A vehicle, Passenger	AP
AT	= Group A vehicle, Double/Triple	AT
AX	= Group A vehicle, Tank & Hazardous	AX
AY	= Group A vehicle, Tank & Double/Triple	ANT
AZ	= Group A vehicle, Hazardous, Double/Triple	AHT
AL	= Group A vehicle, Hazardous Tank, Double/Triple	ATX

Group "B" is any single vehicle (including buses) with a GVWR of 26,001 lbs. or more. This would include a combination of vehicles with a combined GVWR over 26,000 lbs. when towing a trailer that has a GVWR of 10,000 lbs. or less:



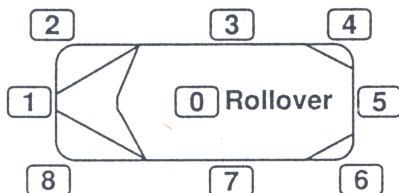
BB	= Group B vehicle	B
BH	= Group B vehicle, Hazardous	BH
BN	= Group B vehicle, Tank	BN
BP	= Group B vehicle, Passenger	BP
BX	= Group B vehicle, Tank & Hazardous	BX

Group "C" is any single vehicle with a GVWR of less than 26,001 pounds or a combination of vehicles having a combined GVWR under 26,001 pounds when the vehicle is required to display placards for hazardous material or designed to carry 16 passengers (including driver). Group "C" is also any vehicle carrying 15 or less people (including driver) transporting children to or from school and home on a regular basis for compensation.



CH	= Group C vehicle, Hazardous	CH
CP	= Group C vehicle, Passenger	CP
CX	= Group C vehicle, Tank & Hazardous	CX

Location of Greatest Damage/First Impact

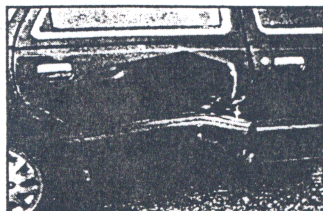


- (9) Undercarriage
- (10) Multiple
- (11) Other/Unknown
- (12) None

Select the degree of severity. "1" being the least severe and "7" most severe, for each vehicle.

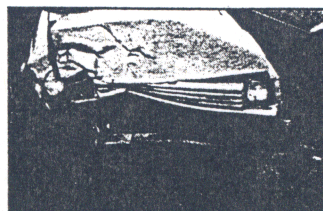
If a vehicle sustained no damage, a "0" (zero) rating is used.

In cases in which vehicles are damaged in more than one area, consider all damage when selecting the appropriate code.



1

2



3

4

5



6

7

Extent of Vehicle Damage

Vehicle Type

(No CDL or Endorsement Required)

PA	=	Passenger Car and Station Wagon
VA	=	Van & Motor Home
PU	=	Pickup
ST	=	Small Truck (10,000 lbs. or less GVWR)
CY	=	Cycle
MO	=	Moped
GC	=	Go Cart
SM	=	Snowmobile
OR	=	Off Road Vehicle (ATV Type)
MD	=	Medium Truck over 10,000 lbs. GVWR

(Non CDL) with or without trailer

(Although not specifically listed on the UD-10, an "MD" vehicle should be reported by marking "Truck/Bus" in the Vehicle Type box in the Unit Section, and by marking "Other" as the Vehicle Type in the Truck Bus Section.)

Truck or Bus Definition

The truck/bus information box located on the back of the form must be completed for each of these vehicles.

- Any truck or truck tractor that has at least two axles and six tires on the power unit, including six wheel pickups.
- Any vehicle that displays a hazardous material placard, automobiles and vans included.
- Any bus designed to transport 16 or more passengers, including the driver.
- Any yellow and black school bus.

(Do not report motor homes or implements of husbandry.)

Cargo Body Type

- Van (enclosed box)
- Cargo tank
- Flatbed/platform
- Dump
- Concrete mixer
- Auto transport
- Garbage/refuse
- Other/unknown

Type and Axles Per Unit

Enter the total number of axles for the truck or bus in the first box. Always include the steering axle. There will always be at least two axles. Include all axles whether they are on the ground or raised. Place the letter "T" before the number of axles if the truck is a truck tractor (equipped with a fifth wheel for towing semi-trailers and there is no cargo body mounted on the truck.)

Next, enter the total number of axles for each trailer. List one trailer per box. Include all axles whether they are on the ground or raised. Place an "S" before the number of axles if the trailer is a semi-trailer (designed so that a portion of the load is supported by the towing unit).

Examples

2				T2	S1		
1st	2nd	3rd	4th	1st	2nd	3rd	4th
T2	S1	2		2			
1st	2nd	3rd	4th	1st	2nd	3rd	4th

Questions about the UD-10? Call the
Central Records Division (517/322-1150)

For additional information in filling out the truck portion,
assistance may be available by contacting the
Michigan State Police, Motor Carrier Division (517/336-6195)